

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET

SERIAL NO. _____ FILING DATE _____

APPLICANT(S) _____

CLAIMS

| | AS FILED | | AFTER 1ST AMENDMENT | | AFTER 2ND AMENDMENT | |
|--------------|----------|-----|------------------------|-----|------------------------|-----|
| | IND | DEP | IND | DEP | IND | DEP |
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| TOTAL IND. | 1 | | | | | |
| TOTAL DEP. | 18 | 18 | 18 | 18 | 18 | 18 |
| TOTAL CLAIMS | 19 | 19 | 19 | 19 | 19 | 19 |

| CLAIMS | IND | DEP | IND | DEP | IND | DEP |
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| TOTAL IND. | | | | | | |
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